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ABSTRACT

This document presents a practicum designed to address the problems encountered when a child in nondirective play therapy becomes able to express emotions and parents, unable to accept their child's new expressions of anger, withdraw the child from therapy at a time when he or she is most vulnerable. The development and implementation of a program to reduce the incidence of unexpected and premature withdrawal of children from individual therapy is described. A strategy is discussed in which parents: (1) listened to audiotapes of children reacting angrily in three different ways (passively, aggressively, assertively), followed by supportive/assertive parent-model responses; (2) rated how angry they would be if their child made such a response; and (3) volunteered to record child-anger occurrences at home. An evaluation of the program is discussed which showed that parents favored assertive child-anger responses over aggressive or passive ones, but that children who viewed videotapes of child models responding assertively to anger provocations felt unable to accept such behavior as their own. It is recommended that directive child training be offered in the presence of parents. The report concludes that, following the program, the incidence of children remaining in therapy beyond the period of vulnerability increased. Relevant program materials, including eight vignettes from the audiotape script in which children give assertive responses, are appended. (Author/NB)

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# PRACTICUM REPORT

Center for the
Advancement of Education
**Ed.D. Program**

## Increasing Parent Satisfaction of Children's Therapy Through an Audio-Visual Investigation of Reactions to Children's Aggressive, Assertive or Passive Anger Responses

BY

Fay B. Anderson

CG 020036

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# Increasing Parent Satisfaction of Children's Therapy Through an Audio-Visual Investigation of Reactions to Children's Aggressive, Assertive or Passive Anger Responses

by

Fay B. Anderson

Cluster 19

A Practicum I Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1987

PRACTICUM APPROVAL SHEET

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ABSTRACT

Increasing Parent Satisfaction of Children's Therapy Through an Audio-Visual Investigation of Reactions to Children's Aggressive, Assertive or Passive Anger Responses. Anderson, Fay B., 1987: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood.
Descriptors: Anger / personality / personality problems / self concept / parent attitudes / parent role / child rearing / parent influence / psychotherapy / emotional adjustment / emotional disturbances / childhood needs / elementary education primary education / intermediate grades / foster care.

The major goal of the program was to reduce the incidence of unexpected and premature withdrawal of children from individual therapy. It is typical that children become more able to express emotions after attending several sessions of non-directive play therapy. Parents are often unable to accept their child's new expressions of anger, and often tend to withdraw the child from therapy during the time when he or she is most vulnerable.

Parent responses to model children's assertive, aggressive and passive anger responses were investigated. Parents listened to audio tapes of children reacting angrily in three different ways, followed by supportive/assertive parent-model responses. They rated how angry they would be if their child made such a response. Communication with parents through the audio-visual procedures developed for this program was successful and was recommended for replication. Parents were also asked to volunteer to record child-anger occurrences at home through replication of a Florence Goodenough study. Few parents in the present program volunteered, but replication in other settings was urged.

Parents favored assertive child-anger responses over aggressive or passive ones, but when their children watched video tapes of child models responding assertively to anger provocations, the children felt unable to accept such behavior as their own. A recommendation was made to offer directive child training in the presence of parents. The incidence of children remaining in therapy beyond the period of vulnerability increased.

# CHAPTER I

# INTRODUCTION

## Description of Community

Three locations within approximately one hundred miles of each other along the southeastern coast of the United States are involved in this study.

Two of the counties, one coastal and one agricultural, serve large military populations. One has a growing population of approximately 18,000 at present. The other has a transient population of approximately 38,000.

The third county lies between the two above, and is primarily a resort area with a permanent population of approximately 55,000.

## Author's Work Setting and Role

The author is a non-directive children's therapist for a licensed psychologist in general practice.

The psychologist offers psychological evaluation, marriage counseling, and individual or family therapy. He specializes in working with troubled teens and with parents of troubled children.

The author functions as play therapist, offering non-directive therapy to children, and child development information to parents.

The author and psychologist have separate offices in each location, and are the only two professionals in their practice. Other staff include a receptionist/typist and bookkeeper.

Both the author and the psychologist live in the middle county, and commute to the other two counties at least once each week. The number of days in each location varies as area needs change.

The author has worked with exceptional children for over thirty years. She was first employed as a teacher of children who were mentally retarded and emotionally disturbed.

She was later principal of a school for the mentally retarded for four years. During that time, she served on various state committees, including the prestigious Governor's Committee which mapped guidelines for the future course of programs for the retarded in her state.

She helped establish the curriculum for teachers of "trainable mentally retarded" (TMR) in her state, and was offered a full stipend by the state in order to be the first person through a combined Child Development/Special Education curriculum. In addition to coursework in education, special education and child development, the author was fortunate to study counseling and therapy.

After earning an M.S. Degree in Child Development, and masters-level teacher certification in Special Education, the author was stationed at a large state

facility for the mentally retarded. She was charged with establishment of model classes in which future TMR student teachers could intern. At the institution, she developed programs for the resident population, supervised teacher interns, offered programs for the staff of day centers for the retarded throughout the state, and supervised a number of federal grant programs.

After ten years of state service, the author resigned from institutional work and began writing books for teachers of young children and the severely handicapped. She received additional training and supervised internship in client-centered therapy.

Once she relocated, the author began consulting in programs for the young and the handicapped, and teaching child care courses at the local college.

She has now written a series of 6 activity books which she continues to publish independently.

The author has been offering non-directive therapy for children under the supervision of a licensed psychologist for the past twelve years.

Daily, the author sees troubled (non-psychotic) children individually or in small groups in a playroom setting. She offers each child a safe opportunity to face his or her problems and gain self-confidence. Her approach is non-directive as described by Axline (1947, 1969), Dorfman (1951) and Guerney (1983).

The author also offers each parent supportive conversation and information, and writes detailed reports for the psychologist which are based on the strengths and weaknesses she observes while working with the children and parents. In addition, she often communicates with other agencies and individuals who concurrently offer services to the child and the family.

# CHAPTER II

# STUDY OF THE PROBLEM

## Problem Description

Children who enter therapy are often unable to express their feelings in healthy ways or in any way.

Once they begin to feel more comfortable about their feelings, they dare to express them; but in their beginning efforts, they often offend others - especially their parents.

Haccoun and Lavigueur (1979) note as a positive sign the common occurence of the expression of anger in improved psychiatric patients. Novaco (1975) also commented on the healthy aspect of seeing anger in people recovering from severe emotional problems. But to many parents it is intolerable for a child to talk back to them or to tell them "no," or to actually state that she or he dislikes something.

At the present time, once children reach this stage of recovery, parents often tend to blame the therapy for damaging or changing their child; and they

withdraw the child from therapy prematurely at a time when he or she is most vulnerable.

If parents did not have this negative reaction, and/or if children could learn to express their feelings in assertive, rather than aggressive or passive (non-assertive) ways, then the child might have a greater chance of remaining in therapy past the point where he or she is vulnerable, and it would be more likely for therapy to terminate naturally with less likelihood of needing therapy again in the future.

Briefly stated, the problem is that once children attend therapy and begin to feel comfortable expressing their feelings, parents do not know how to cope with, and often can not accept, their child's new expressions of anger. Parent frustration often leads, then, to premature withdrawal from therapy.

## Problem Documentation

Past records of withdrawal times from therapy were examined. The number of unplanned and unexpected premature withdrawals after the third session and before the ninth session - the most vulnerable period - were tabulated.

Unexpected withdrawals can occur for a variety of reasons, especially when dealing with a transient population; as are military families as well as civilian young parents. It was found that there were 44 unplanned and unexpected withdrawals of children aged 3 through 12 (17 female and 27 male) during the five years before the present program began. Of those 44, 19 (6 female and 13 male) left unexpectedly without discussion with the therapist after attending more than three, and less than nine sessions. The remainder of the 44 premature

unexpected withdrawals left before the third or after the ninth session, when the child was not as likely to be so vulnerable.

Those 19, or 43% of the 44 unexpected withdrawals, left during the period which Moustakas (1959) describes as the end of the first and beginning of the middle period of therapy. During this time the child begins to feel free to express himself, but he is still addressing negative feelings (p. 32). During this time the child is most apt to express anger in hurtful ways. At the same time, he is most vulnerable because he has dared to feel but has not yet begun the vascillation which will bring positive feelings.

It is typical to have more males than females in therapy. The author's ratio is close to 30% female and 70% male at all times. It is interesting that there were similar ratios in unexpected withdrawals (38.5% female and 61.5% male of the 44 total unexpected withdrawals, and 31.5% female and 68.5% male of the 19 most vulnerable withdrawals). Therefore, if anger was the basis for withdrawal, it was not primarily the males who caused the problems as might be expected (Goodenough, 1931, reprinted 1975). During the three months of the practicum program, thirteen children attended therapy on a regular basis. Only two of those were withdrawn unexpectedly and prematurely.

A few years prior to initiation of the practicum program, the author used a five-point scale to rate her impressions of such items as "anger" and "fear" in the children during each session. Those records were examined to see if anger was high at the time of withdrawal.

The rating scale was too weak to be reliable, but there was a definite tendency during the fourth through the eighth sessions for "fear" to go down and "anger" to go up. After that, both stabilized or lessened.

Presently, parents fill out questionnaires concerning their child's anger when their children begin therapy. The questionnaire requests information concerning what makes the child angry, the child's reactions when he is angry, and the parent's feelings about that anger response. Parents are also asked if they would like the situation changed. Information in these sheets was examined.

Of the seventeen forms filled out prior to the beginning of the program, fourteen stated they would like things to be different with regard to their child's anger. Of the three who did not indicate a need for change, one informant was a very competent foster parent. The other two informants withdrew their children from therapy prematurely and unexpectedly.

## Causative Analysis

Parents react negatively to child anger outbursts for a variety of reasons. First, nature has built in a physiological change when adults hear children crying (Travis, 1982). This should be good, since it readies the parent for action, but a buildup of resentment and other negative feelings can make this feeling a trigger for the adult to be angry (Novaco, 1975).

Many of the parents of children in the present program were abused as children. Something in the interactions of having been abused (unresolved anger, poor parent models, imposed isolation, etc.) tends to make such parents lack empathy toward the suffering of others (Berger, 1979). Often such parents are insecure, and this prohibits any threat to their authority (Barth, et al., 1983). Also, parents who were abused as children often have unrealistic

perceptions of children. They see their child as an adult or as deliberately plotting to offend them (Berger, 1980).

Most parents have had no parent training, and many do not have knowledge of a variety of discipline strategies and coping skills (Berger, 1980). Therefore, they become easily frustrated when they do not know what to do. The frustration is embarrassing and painful and lessens self-confidence. It is preferable to avoid these feelings (Ellis, 1977).

On the other hand, children who have just begun to discover their feelings, lack awareness of appropriate ways of expressing anger. They have limited awareness of how parents will feel and react to their newly-found emotions. Children seem to feel good about being able to express themselves, and they seem to expect parents to be as thrilled as they.

These children had tantrums and severe anger outbursts before, but they were usually the rages of a child out of control (Redl and Wineman, 1952). After gaining some self-confidence plus awareness in therapy, they dare to express joy and anger with exuberance, but with newly-found control. This change in child awareness is a heady experience to the child, but it is frightening and threatening to parents.

## The Related Literature

Goodenough (1931, reprinted 1975), Travis (1982), and Rubin (1969) each reviewed the vast confusion of most societies throughout time concerning anger: its origins, its positive and negative features, differences between cultures, whether or not it should be expressed, and if so - how it should be expressed.

The consensus is that anger is an emotion which is uniquely human (as opposed to rage, which is typical in other animals [Rothenberg, 1971]), which is within the control of all humans who have achieved conceptual thought (Novaco, 1975) with the exception of persons with some forms of brain damage (Travis, 1982), and the expression of which is determined by the limits imposed by society and by each individual's sub-culture.

Therefore, we would expect children to begin learning anger control as they enter the pre-operational period at around age 2 (Phillips, 1969) if they are developing normally, and later if they are emotionally disturbed (Willock, 1983).

The feeling of anger is not always obnoxious. Some people love the rush and energy of being angry (Travis, 1982), and many children (and probably adults also) are reinforced for angry behavior, especially boys (Goodenough, 1931, reprinted 1975). Adults often have difficulty knowing how to cope with anger in children (Anderson, 1978) and tend to be inconsistent in their methods, and that very inconsistency again reinforces the behavior (Parke, 1972).

Anderson (1978) sums up the dilemma well, "Handling children's anger can be perplexing, draining and anger provoking for adults. In fact, one of the major problems in dealing with anger in children is OUR difficulty in handling the

anger that their feelings stir up in US...we were not always taught how to deal with anger as a fact of life during our childhoods. We were led to believe then that to be angry was to be bad, and we were often made to feel guilty for experiencing anger and sinful for expressing it" (p. 11).

Anderson (1978) adds, "A major difficulty in dealing with anger in children can be eliminated if we can rid ourselves of the notion that anger is bad and therefore we - or the children in our care - are bad if we or they experience or express it...but rather to be accepting of those feelings and committed to helping channel and direct them to constructive ends" (p. 11).

Rothenberg (1971) had kind words for anger. He stated that it occurs most frequently under conditions of need, love and involvement. And he felt that anger was "particularly suited for communication." He warned that, "it is hidden or unexpressed anger that leads to destructiveness" (p. 457).

The parents of many of the children in the present program have been abusive or have at least been abused themselves. Berger (1979) states that abusing parents discipline their children inconsistently and ineffectively with "almost equal probability of obtaining positive reinforcement for aversive behaviors as for pro-social behaviors" (p. 58). Barth, et al. (1983) noted that abusive parents have limited and often unrealistic "knowledge" of normal child development, and consequently have unrealistic expectations of their children. Wagonseller, et al. (1977) included almost all parents, teachers, and other adults in a similar statement.

Berger (1979) points out that, "If the noxious stimuli (angry behaviors) that are so very aversive to these parents also happen to be behaviors that are part and parcel of normal child development, it becomes more understandable that

some of these parents perceive their seemingly normal or helpless child as bad" (p. 59).

Goodenough (1931, reprinted 1975) found that anger in children is most often aroused by frustration of desires. She studied the ways children express anger, the ways parents attempt to control children's outbursts, and the outcomes of anger incidents.

The angriest children appear to be: those whose parents are angry or who use aggression frequently (Berger, 1979; Berger, 1980; Cameron, 1977; Cummings, et al., 1984; Schaefer & Millman, 1981), those who are physically restricted or restrained (Blumberg, 1977), those who watch violence, including violent cartoons on TV (Bandura, et al., 1963; Liebert, 1974; Mussen & Rutherford, 1961), those who are pre-verbal or can not communicate their feelings (Cummings, et al., 1984; Schaefer & Millman, 1981), those who are severely punished - especially children of high status who are severely punished (Eron, et al., 1963), those who are rejected by their peers (French & Waas, 1985), those who have type A behavior characteristics (Matthews & Angulo, 1980), those who are given no restraints or limits (Eron, et al., 1963; Mussen & Rutherford, 1961).

The theme throughout most of the literature is the fact that children learn how to react to angry feelings from the adults in their environment. If parents and other close adults have a limited, frequent and/or maladaptive repertoire of anger responses, children will not learn acceptable ways to respond to provocation.

The writer looked for possible approaches to the problem. Attacking the parents head-on did not seem to be the most satisfactory approach to changing anger interactions. Getting parents into a client or student role may have been

an impossibility. Blumberg (1977) states that abusing parents often feel so threatened by the authority figure that one-to-one therapeutic relationships are impossible (p. 211).

Group approaches to parent training have been tried unsuccessfully in the communities in this study - perhaps because of the transient and military populations involved. In some cases, if families are known to have problems, the soldier may not be allowed overseas or other higher-pay duty. Apparently it is safer to have a child with problems, than for the spouse or soldier to be identified as having problems.

Since the parents were already taking a step to help their child by bringing the child to therapy, the preferred approach seemed to be to enlist the parents in taking another step toward helping their child.

Powell (1986) reviewed a variety of parent education and support programs. He pointed out the poor attendance rate and high drop-out rate in many group programs for parents, and quoted Halpern (1984), "In order to profit from a parent education program, families may need already to be functioning in a fairly healthy, adaptive manner" (Powell, 1986, p. 51). Powell was not convinced that parent training was the most practical approach to long-term results. He concluded, "It is not clear that parent-focused programs are significantly more effective than programs that work primarily with the child" (p. 52).

Frazier and Mattes (1975) reviewed several types of training programs for parents. They found that even though parents changed significantly on various dimensions, there was no apparent impact on the behavior of their children - thus negating the purpose of the parent training.

Novaco (1975) recommended video-taped demonstrations in self-control strategies "for abusive parents who are difficult to work with on a level of interpersonal exchange" (p. 79).

A media presentation to parents of ways to help children might then be a possible approach, but the children should also be exposed to treatment.

Many books and articles suggest a variety of treatment strategies for children with maladaptive anger: family therapy (Blumberg, 1977), changing attitudes of adults (Brophy & Rohrkemper, 1982), offering an atmosphere of understanding and a list of school-acceptable alternative behaviors (Dalsiel, 1975), group counseling for adolescents (Foreman & Seligman, 1983), "first aid" suggestions to apply when a child "blows" (Harris, 1980; Redl & Wineman, 1952; Schaefer & Millman, 1981).

Lochman, et al. (1984) described an 8-week anger-coping group program in a school setting for boys with disruptive and aggressive behavior. The program was successful in decreasing anger outbursts at home and at school. Goal-setting was an important part of the program.

Zarske (1982) described "paradoxical intervention" to eliminate temper tantrums in a child. Encouraging the tantrum behavior eliminated their occurence.

Novaco (1975, 1976a, 1976b, 1976c, 1977) did not work with children, but he developed and researched a relaxation and cognitive approach to anger control which may be applicable to children. Self-talk to calm oneself, knowledge of assertive (rather than aggressive or passive) behaviors, and role play practice - all three worked together to increase patient self-confidence in anger

settings. The forms he developed to measure tolerance to provocation were useful in the present program.

Audiovisual ideas began to appear. Feshbach (1975) developed a study to enhance empathy toward the feelings of others in children, and she discovered that audio-visual modes worked best with younger children.

There is much literature on imitation by children of aggression after watching aggression on television (Bandura, et al., 1963; Liebert, 1974; Mussen & Rutherford, 1961; Savitsky, et al., 1971).

Liebert (1974) stated that "Television is a very powerful teacher which, by repeated example, leads children to accept various ways of coping with the vicissitudes of life" (p. 529).

Goodenough (1931, reprinted 1975) has done perhaps the most extensive work to date on the study of anger in children. Her goal was information gathering rather than training or remediation. She had volunteer parents keep records of each anger outburst in their children throughout an entire month. The results of her study are extensive and informative.

Throughout the literature, regardless of the treatment approach, there is consistency in agreement on a few guidelines to the preferred expression of anger:

First, "expressing oneself" at a cost to others - in other words, letting off steam regardless of whom it hurts, is NOT recommended. All of Novaco's work (1975, 1976a, 1976b, 1976c, 1977) has dealt with finding ways to help people deal with anger in socially acceptable ways. Travis (1982) recommended NOT expressing anger, counting to ten rather than offending others. And Ellis (1977) recommends the development of new concepts so that anger will no longer be in

the person's emotional repertoire, primarily because of the damage anger does to the person and his relationships with others.

Second, when angry, use of assertive messages rather than aggressive or passive (non-assertive) ones is urged. Novaco (1975) strove to teach angry patients to give assertive, rather than aggressive responses to provocation. Gordon (1970) promoted "I-messages" as appropriate assertive responses when angry. Faber and Mazlish (1980) developed a training program to teach parents assertive responses toward child provocation. Wagonseller, et al. (1977) and a brochure from the Montgomery, Alabama Mental Health Association (year unknown) define and differentiate assertiveness, aggressiveness, and non-assertiveness or passiveness. These definitions are referred to elsewhere.

Most importantly, anger is a learned response, not something inborn in man (Ellis, 1977; Travis, 1982). Novaco (1975, 1976) and many others ( Graham, Doubleday & Guarion, 1984; Koneei, 1975; Schneider, 1984; Smith, 1973) have shown that both children and adults can cognitively change their attitudes toward anger and their anger responses with lasting effects over time.

# CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

### Statement of General Goals

Following this study, it was anticipated that:

1. Parents would be more accepting of expressions of anger in their children.

2. Children would be able to accept, and would feel they could use, assertive responses to anger provocations.

3. There would be fewer occurences of child anger at home.

4. Fewer incidents of premature, unexpected withdrawals of children from therapy would occur.

### Behavioral Expectations

1. Parents would accept assertive (rather than aggressive or passive) child-anger responses. This goal was measured by use of the Novaco (1975)

"tolerance" test (see Appendix A) for the acceptance level of each anger response. A rating of less than 5 out of 7 (7 meaning "bothers very much") was anticipated for a majority (6 or more) of the assertive responses by at least 7 of 10 parents participating.

2. Children would accept assertive child-anger responses. Children viewed videotapes of assertive anger responses, and were asked if they felt they could use that type of response when they were angry. Records (see Appendix B) were kept of each child's responses. It was anticipated that seven of 10 children participating would indicate that they could use a majority of the assertive anger responses.

3. Children could express themselves angrily and parents would accept and handle these expressions. A previously filled out anger questionnaire (see Appendix C) was used again at the end of the program by parents. Results were summarized. There was also a count of unexpected, premature withdrawals. It was anticipated that at least 7 of 10 parents would report improvement in anger interactions, and that fewer than three of participating children would be withdrawn unexpectedly between their third and ninth sessions during the period of the program.

4. The number of incidents of anger would decrease at home. Goodenough Home Study Report forms (see Appendix D) were used by volunteers, and the number of anger incidents before and after child training were counted. It was anticipated that there would be fewer anger incidents in at least 7 of 10 of participating homes.

## Evaluation Instruments

1. Novaco (1975) developed a check sheet which he used with patients in a program designed to decrease their anger. His patients, all of whom suffered from chronic anger problems, were exposed to written, video-taped, and role-played provocations, and were asked to respond to each incident with this same form. (Other tests, such as galvanic skin response and blood pressure, were carried out simultaneously).

Novaco called his check-sheet a "Self-Report Scale" (see Appendix A). It consists of a seven-point Likert-type scale with the ratings 1 (not at all), 2 (very little), 3 (a little), 4 (some not much), 5 (fairly much), 6 (much), and 7 (very much).

Two questions are asked on the Scale. The first is a general one, "Rate the degree to which this experience made you feel angry," to which the informant would check his response to the situation.

The second question is actually a qualifying statement with six sub-questions. The informant is told, "If this incident had actually happened to you, rate the likelihood that you would act in each of the following ways."

The six suggested reactions are specific, and all are to be rated on the same 7-point scale described above:

a. I would curse or shout.

b. I would want to hit the person (the author modified this statement, changing "person" to "child.")

c. I would stay composed and be constructive.

d. I would want to pound or kick something.

e. I would want to tell the person off and start an argument. (The author retained the word "person" in this statement.)

f. I would try to understand the situation and keep cool about it.

A space for comments was made available on the modified form.

Parents were asked to fill out 24 of these forms; one after listening to the child outburst in each of 24 audio vignettes.

2. Children viewed eight video-taped vignettes; only the assertive ones. They were asked to respond to each child anger response and their comments were recorded on a Child Response to Video Vignettes form created by the writer (see Appendix B).

After the child's name, the date and vignette number were recorded in order to know how many vignettes were viewed each session.

The child was observed, and any expressions or reactions to the precipitating incident and to the model's assertive response were recorded by the writer.

There was a pause after each model child's reaction during which the author asked, "Would it feel okay if you said something like that?" The purpose of this question was to get an impression of whether or not the child felt comfortable with the assertive anger response used by the model.

Then the child was asked, "Would it be easy or hard to say that to your mother?" Once the response was recorded, identical questions were asked concerning the father, stepmother, stepfather, fostermother, and fosterfather as they applied to each child. The purpose of these questions was to ascertain if the child felt it would be easy or hard to give such an assertive response to

the parent(s) involved in the study, and whether or not it would be easier or harder with other authority figures in the child's life.

The child was then told, "Watch again and pretend it is you saying that. Pretend you are that child." The purpose of this statement was to intensify the modeling aspect of the audio-visual medium. After the child saw the model again giving the assertive response and the parent giving a supportive assertive response, the child was again asked, "Would it feel okay if you said something like that?" This quesion was repeated in order to see if the child felt more comfortable (or as comfortable as previously) with the possibility of giving an assertive anger response once he has seen the reaction from the parent model.

3. When parents were interviewed before their child was accepted for therapy, they were asked to fill out a form (Appendix C) describing the circumstances of their child's anger. This form was created by the author in order to gain the following information:

a. What makes the child most angry.

b. In what ways the child usually shows his or her anger.

c. How the parent feels when the child gets angry.

d. What things the parent does when the child gets angry.

e. How the child responds to the things the parent does.

f. If the parent would like things to be different.

For this practicum, a new item was added at the top of the forms: "Please estimate the number of times your child has shown anger on a typical day___, in the past week___, in the past month___." This item was not expected to reap accurate numbers, but to give before-and-after information about whether or not changes occurred in the number of anger incidents estimated.

4. Volunteer parents participated in a partial replication of Goodenough's (1931, reprinted 1975) home study of child anger - at least to the extent of the information recorded. Her Daily Record Sheet (see Appendix D) was modified in minor respects to update the wording and make more effecient use of space.

The author added space for two types of information which Goodenough regretted not having retrieved: she wished she had included a space titled "none" after a request for information about the duration of after effects because she did not know when parents left this space blank if there had been after effects or not. Also, she was very sorry that she had not asked for the times of day each meal was presented. Once she got the most frequent times of day when anger outbursts occur, they clustered, and she felt they probably occurred before or during breakfast and dinner, but she had no proof. After carrying out the program, the author discovered items she would also add to the form: In the list of events for parents to underline each day, "babysitter," "preschool," and "school" need to be included. Parents wrote one of these in occasionally, but not each weekday when it would have been appropriate.

Parents were trained, and had a manual (See Appendix D) to help them complete the top part of one of these forms each day, plus the bottom portion of the form each time an anger outburst occurred.

CHAPTER IV

SOLUTION STRATEGY

## Discussion and Evaluation of Solutions

There were many possible ways to try to change parent attitudes about child-anger reactions.

Giving written materials on anger did not appear to be an appropriate approach. Past experience has shown most parents in the program to be poorly motivated toward reading about child development, child care, and problem solving.

Providing individual training for each parent would present problems since many of the parents of children in the program are abusive or have been abused in their childhood. Parents with this background are often hesitant to accept "criticism" in the form of training, and they resist therapy for themselves.

It would be possible to consider not working with the parents, and working solely with the children. But it was felt that the children might learn to act

differently when angered, but parents might continue to have the same resistance to signs of anger.

Group training for parents was considered, but efforts by other agencies and organizations in the communities involved have had poor results with group work with parents. There is one exception: the group, Parents Anonymous, seems to flourish - perhaps because of the guaranteed anonymity involved. Probably the high incidence of military families contributes to the desire for anonymity. But anonymity could not be guaranteed in a group experience in this setting.

It would be possible to ask the parents to help the child. This approach seemed workable since the parents had already taken the step of bringing the child to therapy - even if sometimes under duress. Minimal time and involvement would, however, be expected.

In addition, the author was so enamored with Goodenough's 1930 study of children's anger (1931, reprinted 1975), that consideration was given to a replication of that study.

Next, possible ways of offering children training in acceptable anger responses were considered.

Group training was a possibility, but this seemed difficult because of scheduling difficulties and differences in ages of children.

Role play with parents has proven most effective in other settings (Guerney, 1964; Guerney, et al., 1965, 1968) but in this setting parents would not be expected to cooperate. Plus, the training program which would be involved would have taken gradual encouragement over an extended period of time.

Offering the child oral or written instructions on what to do when angry was given brief thought. In addition to seeming boring to children, many of the children are non-readers or poor readers, and some are accustomed to resisting all instructions.

Giving models of acceptable alternative ways of behaving in anger settings seemed a viable approach. Care needed to be exercised to present only acceptable behaviors. A television format seemed the best approach because of its effectiveness with children (Leibert, 1974).

## Description of Selected Solutions

The proposed solution had three facets. First, all parents who had children in therapy at the time of the practicum period were asked to assist the author with a study on child anger. It was explained to them that as children progress in therapy, they tend to express their feelings more openly, and that the expression of anger has been a serious concern to previous parents. The author, it was explained, was trying to find a way to help children learn to express anger in more acceptable ways.

Each parent was given a folder of forms (see Appendix E) which was kept at the office and received from the receptionist each week while parents waited for their child. The receptionist also furnished parents with an audio cassette player with earphones, and a cassette with that parent's name on it. Each parent had identical recordings on their cassettes, but each had a separate one so there was no need to search for their place each week.

The author wrote each of the twenty-four vignettes (See Appendix E) by beginning with the incidents which Goodenough found to elicit anger in children (See Table 1). She then randomly assigned aggressive, passive and assertive child reactions (eight of each and no more than two consecutive of the same type) to the incidents. Three professional advisors (school administrator, school psychologist, and child psychologist) judged the child-reactions until there was agreement as to the category of each. The author developed a form (See Appendix F) for this procedure.

The author purchased twelve 90-minute audio casette tapes. She made a master tape by reading onto it a brief summary of the directions of how to fill out the forms in the notebook, then she read each of the vignettes with emotion, saying "The child said..." and, "Then the parent said...", and so forth. She was careful never to identify the parent or the child by sex so that identification would be more feasible to the listening parent.

A forty-five second pause was built in to each vignette after the child's response to the precipitating incident. Parents were instructed to take that time to check their rating sheet, then the author's voice repeated the child's response and gave the model parent's final comment.

Each vignette was numbered in the parent's handbook, and the author stated, for example, "Story number two (or three, etc.) is called...", and gave the name of each story as it was titled in the notebook so parents could find their place.

The three advisors were asked to address the quality of the recording as they listened to the vignettes and judged the child responses as assertive,

Table 1

Precipitators of Child Anger

| Precipitators as determined by Goodenough* | % of 100 | Approximate Ratio of 24 (Number or each type assigned to stories) |
|---|---|---|
| 1. Restrict child's body movements. | 3.2 | 1 |
| 2. Routine physical habits: | 21.8 | 5 |
| a. Going to bathroom. | | |
| b. Going to bed. | | |
| c. Coming to meals. | | |
| d. Objections to specific kinds of food. | | |
| e. Daily routine: wash face, etc. | | |
| 3. Change of routine. | 3.2 | 1 |
| 4. Direct conflict with authority: | 19.2 | 5 |
| a. Child verbally refused permission. | | |
| b. Child physically refused permission. | | |
| c. Resentment of punishment. | | |
| d. Parent refusal to protect child from consequences. | | |
| 5. Self-help: | 8.4 | 2 |
| a. Child fails in attempt to help self. | | |
| b. Adult insists on giving unwanted help. | | |
| 6. Problems of social relationship: | 28.1 | 7 |
| a. General desire for attention. | | |
| b. Child not able to make desires known. | | |
| c. Thwarted desire to share in activities of others. | | |
| d. Problems with sharing posessions. | | |
| e. Disagreements with playmates. | | |
| 7. Minor physical discomfort or fear: | 7.2 | 2 |
| a. Hunger between meals. | | |
| b. Sudden scares. | | |
| 8. Miscellaneous difficulties. | 5.0 | 1 |
| 9. Unknown. | 3.9 | 0 |

* Note. From Anger in Young Children (p. 135-171) by F. Goodenough, 1975, Westport, Connecticut: Greenwood Press. Reprint permission by University of Minnesota Press, printers of 1931 edition.

aggressive or passive. None gave comments on the recording, apparently judging it adequate.

The advisors did not agree on two of the original child responses. Those responses were rewritten. The advisors were contacted by telephone and were read the new responses. There was then agreement, and the audio tape was retaped with the new child responses included.

Parent notebook pages were changed to include the new child responses, and twelve copies were made so that all parents could participate during their waiting hours.

The audiovisual department of a college library offered the supervised use of their audio tape copying machine, and eleven copies of the audio tape were made from the master. Each tape was 38-minutes in length.

The notebook binders purchased for parents were varied and colorful so that each could quickly identify his or her own. Last names are not used in the waiting room in order to maintain confidentiality. Therefore, the tapes and notebooks were color coded and labeled, "Joe's mom," "Sam's dad," etc.

The receptionist supervised parent use of the audio cassette player and earphones, and distribution of the tapes and notebooks, but parents usually got their own independently.

The purpose of this part of the practicum was to expose parents to many possible child responses, and to the positive/assertive parent model.

It was hoped, but not essential, that parents would be tolerant of assertive child responses over aggressive or passive ones.

The second facet of the practicum was partial replication of the child anger study which was carried out in 1930 by Florence Goodenough (1931, reprinted 1975). Goodenough asked parents to fill out a simple form each time the child had an anger outburst. She was searching for information about children's anger, and the parent-child interaction surrounding child anger. She offered no treatment, and found that neither the incidence of child anger, the types of outburst, nor parent responses changed as a result of one month of reporting by the parents. This facet of the practicum was carried out only by parents who volunteered. It was hoped that there would be a decrease in number, or a positive change in the type of child anger, after children received treatment.

Colorful two-pocket binders were purchased by the author. Into the left pocket of each was placed a copy of the instructions for filling out the home study forms, and in the right pocket was placed forty blank forms. A sharpened pencil was also included in each kit. Volunteer parents were informed that the receptionist had additional forms if they were needed.

Participating parents were each seen individually by the author to receive instructions and become familiar with the instruction booklet. They were asked to record anger incidents for one month, stop for a month (the month during which children viewed video tapes), and again fill out forms during the third month.

The third facet of the practicum was child training. After a child's parent had completed hearing and responding to each of the vignettes, the child was shown eight video cassette incidents with the following format:

a. A situation which should provoke child anger (the identical assertive incidents which were on the parent's audio casettes).

b. A positive/assertive child response (children were not be exposed to aggressive or passive responses).

c. A pause during which the child was asked if she feels she can react that way at home when she gets angry (see Appendix B).

d. A repeat of the assertive child response after a request for the child to pretend he was saying what the model says.

e. A positive/assertive parent response.

The author used the eight vignettes with assertive child responses from the parent's audio tape as the basis for the videotape script (See Appendix G). She planned each scene in a different location in her home, and gathered the few needed props.

She made ten large cards: One with the name of each of the eight vignettes, one which said, "STOP AND THINK" and one saying, "THE END."

Actors were secured from among family members and neighbors: one father type, one mother type, one female child, and one male child.

Children and adults were assigned to each vignette, making sure that each of the four combinations was included twice: female adult with male child, female adult with female child, male adult with male child, male adult with female child.

Extra lighting and a hand-held video camera with a built-in microphone were used. The adult who was not acting in the vignette was the camera person for each scene.

The author introduced each story as she had in the audio tape. She held the title card and said, "Story number two (or three, etc.) is called...(stating the title)," then she stepped aside and the performance began.

Prior to the introduction of each scene, the adult and child actors were told the sentences they were to say, then the author would introduce the story and the actors would say their lines. After the lines, the author would hold up the "STOP AND THINK" sign, then the camera would be shut off. The video tape was then rewound and all participants would view the part just made to decide if it needed to be done over. If there was consensus that the scene should be redone, it was. If it was judged to be acceptable, the child and adult were given their next lines. In all cases, the next line for the child was identical to the line said before the break, and the adult gave an accepting response.

Pizzas and soft drinks were furnished, and those not participating in a vignette were free to eat and drink as long as they were quiet.

The finished videotape was eighteen minutes long, and took approximately two hours to complete. One backup copy was made.

A video cassette and a portable television monitor were installed in the closet of the author's office. Each child had his or her therapy session terminated ten minutes early in order to view the videotape each week until all eight of the vignettes were viewed. Usually a child would see and respond to four vignettes one week and finish the other four the next week.

When viewing the videotape, the author held the remote control switch for the video cassette. The child was placed in a comfortable chair in front of the TV monitor and instructed to watch TV. The set was turned on, the video cassette was activated, and the child watched the first scene. Usually there was an initial distraction when children saw the author on TV. If so, the switch was pressed to "pause," and the event was discussed, then the tape was rewound to begin again.

After the child viewed the first precipitator, and the model child's assertive response, the videotape was put on "pause" with the monitor showing the "STOP AND THINK" sign. The author asked the child questions (See Appendix B), and then released the "pause" button so the child could see the remainder of the vignette.

The author usually paused at the end of each vignette so the child could discuss it. She made sure to regain attention of the child before beginning the next vignette.

Older children usually grasped the rhythm of the sequence and went through the vignettes rapidly. Younger and more distractable children took longer. But, in the opinion of the author, every participating child paid close attention to each vignette and answered to the best of his or her ability.

The purpose of video cassette viewing for children was to expose children to healthy alternative ways to react when provoked to anger, and to see positive/assertive modeling by a child and a parent model. Hopefully, children would feel that they could carry out assertive responses when angry.

It is important to remember that all of the children in this program had emotional or adjustment problems, and that most of the parents were weak in parenting skills and resistant to therapy or treatment for themselves.

It seemed basic to the program to change the anger-associated dialogue between parent and child. In an attempt to do so, the parents were exposed to healthy and unhealthy child behaviors, and were asked to rate them as to how well that parent could tolerate each.

There was no assurance that parents would select healthy child reactions. However, in the course of parent listening, they were "inadvertently" exposed to healthy parent responses to child behavior.

Regardless of parent preferences, children were shown only healthy responses to anger-provoking incidents. They saw not only positive/assertive child responses, but positive/assertive parent reactions to those responses.

The above plan fit into the limited time available by the author to interact with parents and children. It offered ways parents could help their children, ways children could help themselves, and healthy models of behavior to both.

It was anticipated that all facets of the program would lead to more healthy and positive interactions between parent and child during anger-related situations.

# CHAPTER V

# RESULTS, CONCLUSIONS AND RECOMMENDATIONS

## Results

One of the goals of the program was for parents to demonstrate acceptance of assertive (rather than aggressive or passive) child-anger behaviors. This goal was measured by use of the Novaco (1975) "tolerance" test (see Appendix A). It was hoped that a rating of less than 5 on a scale to 7 would be received for six or more of the assertive responses by the majority of parents participating.

Eleven parents completed the audio-tape listening portion of the program (See Table 2). All eleven accepted half (four) of the assertive child-anger responses, all but one accepted two others, all but two accepted another, and eight of the eleven parents accepted the final assertive response. Therefore, the goal was reached. There were only seven scores which indicated non-acceptance (scores of 5 or above) out of 88 possible responses by parents toward assertive child-anger behaviors.

Table 2

Parent Responses to Audio Child-Anger Behaviors (N=11)

| Child-Anger Behaviors | "The child's behavior made me feel angry....." 1 (not at all) | 2 (very little) | 3 (a little) | 4 (some, not much) | 5 (fairly much) | 6 (much) | 7 (very much) |
|---|---|---|---|---|---|---|---|
| Assertive* | | | | | | | |
| 1. "I wish you would understand." | 9 | 2 | 0 | 0 | 0 | 0 | 0 |
| 2. "I don't know why you won't let me." | 10 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3. "I wish you would trust me." | 6 | 0 | 3 | 0 | 2 | 0 | 0 |
| 4. "I need to finish watching this." | 7 | 0 | 3 | 1 | 0 | 0 | 0 |
| 5. "It makes me mad when you hurry me." | 4 | 2 | 3 | 1 | 0 | 1 | 0 |
| 6. "I'm hungry. I need to eat." | 3 | 4 | 3 | 0 | 1 | 0 | 0 |
| 7. "That makes me mad! I'll miss my prog." | 3 | 4 | 3 | 1 | 0 | 0 | 0 |
| 8. "I don't want to share!" | 2 | 1 | 2 | 3 | 3 | 0 | 0 |
| | 44 | 14 | 17 | 6 | 6 | 1 | 0 |
| | | 75 | | | | 7 | |
| Passive* | | | | | | | |
| 1. Clings, picks at a sore. | 4 | 1 | 3 | 2 | 1 | 0 | 0 |
| 2. "Don't hit me." - Pulls away. | 8 | 1 | 1 | 1 | 0 | 0 | 0 |
| 3. Helpless crying as if abandoned. | 0 | 3 | 0 | 4 | 4 | 0 | 0 |
| 4. Cry, unable to move. | 5 | 0 | 4 | 1 | 1 | 0 | 0 |
| 5. Whimper, "Mama," and gives up toy. | 4 | 2 | 3 | 1 | 0 | 0 | 1 |
| 6. Sit, not respond - as if ignoring. | 8 | 1 | 0 | 1 | 1 | 0 | 0 |
| 7. Terrified whimper, head banging. | 1 | 2 | 2 | 0 | 4 | 1 | 1 |
| 8. Hang head and walk away. | 6 | 2 | 3 | 0 | 0 | 0 | 0 |
| | 36 | 12 | 16 | 10 | 11 | 1 | 2 |
| | | 64 | | | | 14 | |
| Aggressive* | | | | | | | |
| 1. "You're always mean. I don't want to." | 3 | 2 | 3 | 3 | 0 | 0 | 0 |
| 2. "No! You can't make me." | 2 | 1 | 4 | 2 | 1 | 1 | 0 |
| 3. "I got in trouble, and it's all your fault." | 3 | 2 | 3 | 0 | 1 | 2 | 0 |
| 4. Tears shirt. "Stupid button!" | 4 | 2 | 3 | 1 | 0 | 1 | 0 |
| 5. Hits child. "Let me get on, you creep." | 1 | 1 | 3 | 1 | 3 | 2 | 0 |
| 6. Kicks, bites. "Let me go, you witch." | 1 | 1 | 1 | 0 | 2 | 1 | 5 |
| 7. "I hate you. Don't come back." | 4 | 0 | 4 | 2 | 0 | 1 | 0 |
| 8. Throws water. "Leave me alone, snoop." | 0 | 2 | 3 | 1 | 3 | 1 | 1 |
| | 18 | 11 | 24 | 10 | 10 | 9 | 6 |
| | | 53 | | | | 25 | |

* Responses were randomized in the audio presentation. They are separated into categories for analysis.

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Aggressive child-anger behaviors did not fare as well as assertive ones. There were a total of 25 responses which indicated non-acceptance by parents to aggressive child anger behaviors.

Perhaps surprisingly, passive or non-assertive child-anger behaviors received 13 non-acceptance ratings. It is possible that one of the passive child behaviors (child remaining seated with no overt action) may have been seen as aggressive by parents. However, if non-acceptance scores for that item were subtracted, passive child behaviors tied assertive responses to receive seven non-acceptance scores.

Even though confidentiality was assured at the beginning of the program, it would have been understandable that parents would want to look their best to the therapist of their troubled child. They might have enhanced their true feelings in some respects, but the writer felt that there was much honesty. For example, it would seem natural that parents would not admit feeling the desire to curse or shout, hit the child, pound on something, or tell the person off and start an argument. However, these areas on the Novaco form were not always scored low (3 or below). Seven of the eleven parents admitted to these desires for at least one of the twenty-four vignettes (see Table 3). When these desires on the part of the parent were examined, a strong case was made for assertive behavior. There were only three instances of parents scoring above 4 on wanting to curse or shout after hearing an assertive child-anger behavior. Six such scores were generated after passive child behaviors, and twelve high scores after aggressive child behaviors.

There were three cases of parents reporting that they wanted to hit

Table 3

Parent Desires Following Child-Anger Behaviors

| | Ratings above 5 by types of child behavior | | |
|---|---|---|---|
| Parent Desires* | Assertive | Passive | Aggressive |
| To curse or shout. | 3 | 6 | 12 |
| To hit the child. | 0 | 1 | 3 |
| To pound or kick something. | 0 | 1 | 0 |
| To tell off the person, start an arguement. | 0 | 3 | 8 |
| | 3 | 11 | 23 |

*On Self-Report Scale, Novaco, 1975.

the child after aggressive child behaviors, one after passive behaviors, but none after assertive behaviors.

After assertive child-anger behaviors, no parents reported wanting to tell off the child and start an argument, but there were three such reports for passive child behaviors, and eight for aggressive child behaviors.

It is not surprising that parents reported wanting to maintain their composure and try to understand the situation in most instances. However, this did not hold true for all vignettes. Nine of the eleven parents reported low scores (scores of 3, 2, or 1) on composure or desire to understand for at least one of the twenty-four vignettes (see Table 4). There were a total of 26 low-composure scores in response to assertive child-anger behaviors, 36 after passive behaviors, and 52 instances of parents feeling they would not be composed or understanding after aggressive child-anger behaviors.

In summary, the first goal was achieved. The majority of eleven parents were more accepting of assertive child-anger behaviors than of passive or aggressive ones.

The second goal of the program was that children would accept assertive child-anger responses when they saw them modeled. This goal was not realized.

Children were not exposed to modeled aggressive or passive behaviors, but saw on video tape the eight assertive vignettes that parents had heard on audio tape. Eight children viewed the videotapes, and only three children felt they could say more than half of the responses they viewed

Table 4

Parent Desires Following Child-Anger Behaviors

| | Ratings below 3 by types of child behavior | | |
|---|---|---|---|
| Parent Desires* | Assertive | Passive | Aggressive |
| To stay composed, be constructive | 15 | 18 | 28 |
| Try to understand, stay cool | 11 | 18 | 24 |
| | 26 | 36 | 52 |

* On Self-Report Scale, Novaco, 1975.

Table 5

Child Responses to Video Models (N=8)

| | "Would it feel okay to say what the child on TV said?" | | | |
|---|---|---|---|---|
| | Initial Response | | After Parent Response | |
| Children | Yes | No | Yes | No |
| Preschool Aged | | | | |
| #1 | 4 | 4 | 4 | 4 |
| #2 | 5 | 3 | 6 | 2 |
| #3 | 5 | 3 | 3 | 5 |
| #4 | 0 | 8 | 0 | 8 |
| | 14 | 18 | 13 | 19 |
| School Aged | | | | |
| #1 | 4 | 4 | 5 | 3 |
| #2 | 3 | 5 | 1 | 7 |
| #3 | 0 | 8 | 0 | 8 |
| #4 | 3 | 5 | 8 | 0 |
| | 10 | 22 | 14 | 18 |
| TOTAL ALL CHILDREN | 24 | 40 | 27 | 37 |

(see Table 5).

Children were shown the precipitating event and the child's assertive anger response, then the videotape was put on "hold" as they were asked if they felt they could say what the model child had said. After the response was recorded, the author asked each child to pretend he or she was the child on TV. They then saw the model child repeat his or her assertive anger response and they saw a male or female parent model give a non-critical, supportive response to the child's anger. Then children were again asked if they felt they could say what the model child has said. In nine instances the initial "no" response was changed to "yes" after the second question (five changes by one child), but five initial "yes" responses were changed to "no". Seeing the adult not getting angry after assertive child behavior did not seem to make children feel more free to use assertive child-anger responses.

In summary, the majority of the children did not seem to feel comfortable with assertive responses to anger provocation.

The third goal was a reduction of anger episodes by children at home. This goal was to be measured by a partial replication of the 1930 study by Florence Goodenough (1931, reprinted 1975), and by the results of pre- and post-program information sheets (See Appendixes C and D).

Since the home study portion of the program took a great deal of time and effort, parents of children in therapy were asked to volunteer. Several parents showed an interest in that portion of the program, but most could not participate for a variety of reasons. In actuality, four parents started the home portion of the program, and only two were able to

continue it through the three-month period requested.

It is ironic that the two children for whom home study records are complete are two of the few children in therapy who seldom have anger episodes.

Both children had only two anger episodes which were noticed by the reporting parent during the first month of the study. Then there was a one-month break in the program while parents carried out the audio portion of the program and children viewed the video portion. Finally, the volunteer parents filled out daily forms for the home study again during the third month of the program. During the final month, both children had only one anger outburst.

Nine parents filled out the single-paged "Information On Child Anger" forms both before and after the program (See Appendix C). They were asked to give an estimate of the number of times their child showed anger (See Table 6): on a typical day (13 before, 7 after), in the past week (38 before, 31 after), and in the past month (111 before, 92 after). This was indeed a rough estimate, and the parents did not concern themselves with mathematics. For example, if there were a total of 38 anger episodes for the seven children per week, four times that amount would yield a minimum of 152 rather than the given 111 episodes per month. In any case, the trend was toward a reduction in the number of anger occurences by the end of the third month of the program.

In summary, there is insufficient information to determine whether or not the audio and video portions of the program might alter the amount and degree of anger by children at home, although there was a tendency in that direction.

Table 6

Estimated Number of Child-Anger Episodes (N=8)

| Times | Total parent estimates of child-anger | |
|---|---|---|
| | Prior to the program | After the program |
| On an average day. | 13 | 7 |
| Per week. | 38 | 31 |
| Per month. | 111 | 92 |

The Goodenough home study results proved useful, however, in other respects. In conferences with the parents of one child, the author was able to show that behavior other than anger (enuresis) increased just before potentially fearful events such as school starting, and that they ceased each week for at least two days following therapy sessions.

The other child who was followed each day had few anger episodes, but each was directly preceded by events which reminded him of his tentative position (See example in Table 7). In addition, a chart of his home routine was used to demonstrate the consistency in his foster home life. This pattern was recommended to his recent adoptive parents.

The fourth goal of the program was a reduction of the number of children who were withdrawn unexpectedly and prematurely from the program.

When the anger program began, there were ten children in therapy. Half of those (five) remained in therapy at the end of the program. Only two were withdrawn prematurely and unexpectedly.

Both of the children who were withdrawn prematurely and unexpectedly, left during the vulnerable time before their ninth session. In one case, the anger program seemed to threaten the mother and precipitated the child's leaving.

Two of ten occurences of premature leaving yields a better ratio than the 43% which had occured in the five years prior to the program, but the numbers are too small to give more than an indication.

Table 7

Examples of Anger Episodes and Precipitating Events for One Five Year Old

| Precipitating event | | Child Anger | |
|---|---|---|---|
| Date | Event | Date | Event |
| 7/10 | Told today is last appointment with therapist | 7/10 3:15PM | Refuse to do what is told, cry and sulk for 20 minutes. |
| 7/22 | Told that a baby in the foster home is going to be adopted soon. | 7/22 9:30PM | Refuse to stay in bed. Say foot hurts, cry, sob when put back to bed. |
| 9/18 | Told that "special parents" have been found and he will be adopted soon. | 9/19 2:15PM | Tossed a stick at foster sister causing her to fall off trike and hurt her leg. |

## Conclusions and Recommendations

The results, in general, tend to indicate that a program similar to the present one can improve the anger interaction between parents and children. Parents seem to prefer assertive rather than aggressive or passive responses by children, but children are not aware that they can use assertive responses.

The audio portion of the program may have been instrumental in helping parents become more accepting of their children's anger episodes. They indicated awareness of fewer anger episodes after the three-month program, yet during the program and after it were the very times when children would have been expected to feeling free to express their feelings. There is also an indication that parents were more willing to keep their children in therapy than parents who had not participated in such a program.

The author was amazed at the strong feelings parents expressed toward the vignettes. Some commented that they were glad their child, "Never said some of those things." Many of the parents treated the vignettes as real events which had happened to others, and seemed to feel concern for the mythical parent. The author found it necessary to remind some parents that his or her child would not hear the "bad" things (usually the aggressive child responses) that the children said on the tapes; that they would only see and hear the ones that were acceptable. This was somewhat deceptive, since the program was designed for children to see and hear only the eight vingettes with assertive child responses, and the author did not know which of the twenty-four vignettes would be most acceptable to each

parent.

The parents were all extremely motivated to slip on their headsets, put in their tapes, open their notebooks and get to work each week until they finished. This format seems just right for future training programs for similar parents.

More directive training in assertiveness seems necessary for the children. They were apparently uncomfortable with any type of response to parents, regardless of the provocation. The author is considering having parents and their children watch assertive child responses and supportive/assertive replies by parent models on videotape, having the parents acknowledge their tolerance of the model child's behavior, then having the parent and child actually role play by imitating the videotaped models. Perhaps this would establish the realization by children that their parents can tolerate "talking back" in certain ways.

The author has a sincere desire to see the Goodenough home study (Goodenough, 1931, reprinted 1975) replicated. Apparently, most of the parents in her program were unable to carry it out, but it is still a viable program which would yield much valuable information in another setting.

There is a desperate need for more information on anger in children. The author plans to submit portions of the above program to professional journals and magazines, and hopes to speak to various child-care groups on the subject of anger in children.

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# APPENDIX A

## NOVACO SELF-REPORT SCALE

Name_____

Story #_____

SELF-REPORT SCALE[a].

| | 1<br>not at all | 2<br>very little | 3<br>a little | 4<br>some not much | 5<br>fairly much | 6<br>much | 7<br>very much |
|---|---|---|---|---|---|---|---|
| 1. Rate the degree to which this experience made you feel angry: | | | | | | | |
| 2. If this incident had actually happened to you, rate the likelihood that you would act in each of the following ways:<br>a. I would curse or shout: | | | | | | | |
| b. I would want to hit the child: | | | | | | | |
| c. I would stay composed and be constructive: | | | | | | | |
| d. I would want to pound or kick something: | | | | | | | |
| e. I would want to tell the person off and start an argument: | | | | | | | |
| f. I would try to understand the situation and keep cool about it: | | | | | | | |

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COMMENTS:

a. From Anger Control by Novaco (1975)

## APPENDIX B

## CHILD RESPONSE TO VIDEO VIGNETTES FORM

CHILD RESPONSE TO VIDEO VIGNETTES

NAME OF CHILD_____DATE_____STORY #_____

CHILD EXPRESSIONS, REACTIONS:

1. TO THE PRECIPITATING INCIDENT_____

2. TO THE CHILD RESPONSE_____

ASK: 3. "WOULD IT FEEL OKAY IF YOU SAID SOMETHING LIKE THAT? YES___NO___

_____

4. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR MOTHER?

EASY____HARD____ _____

5. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR FATHER?

EASY____HARD____ _____

6. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR STEPMOTHER?

EASY____HARD____ _____

7. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR STEPFATHER?

EASY____HARD____ _____

8. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR FOSTER MOTHER?

EASY____HARD____ _____

9. WOULD IT BE EASY OR HARD TO SAY THAT TO YOUR FOSTER FATHER?

EASY____HARD____ _____

SAY: "WATCH THE CHILD AGAIN AND PRETEND IT IS YOU SAYING THAT.

10. "WOULD IT FEEL OKAY IF YOU SAID SOMETHING LIKE THAT? YES___NO___

# APPENDIX C

## PARENT QUESTIONNAIRE ON CHILD ANGER

INFORMATION ON CHILD ANGER

PARENT_____CHILD'S NAME_____CHILD'S AGE____DATE_____

PLEASE ESTIMATE THE NUMBER OF TIMES YOUR CHILD HAS SHOWN ANGER:

ON A TYPICAL DAY_____, IN THE PAST WEEK_____, IN THE PAST MONTH_____.

WHAT SEEMS TO MAKE YOUR CHILD MOST ANGRY?

IN WHAT WAYS DOES YOUR CHILD USUALLY SHOW HIS/HER ANGER?

HOW DO YOU FEEL WHEN YOUR CHILD GETS ANGRY?

WHAT THINGS DO YOU DO WHEN YOUR CHILD GETS ANGRY?

HOW DOES YOUR CHILD RESPOND TO THESE THINGS YOU DO?

WOULD YOU LIKE FOR THINGS TO BE DIFFERENT?

APPENDIX D

HOME STUDY
DAILY RECORD SHEET
AND
INSTRUCTION BOOKLET

OBSERVATIONAL STUDY OF ANGER[a].



DAILY RECORD SHEET
(Use a fresh sheet every day, even if there are no entries.)

Date_____ Hours not included: from____ to____ from____to____

Child's name_____ Child in bed previous night at_____asleep at_____

awake at_____ up at_____ Night sleep: sound or restless? _____ Bed wet?_____

Day nap from_____to_____ Bed wet?_____ Mealtimes: Breakfast___ Lunch___ Dinner___
Underline any of the following occurring during the day: adult visitors in home, child visitors in home, child taken visiting or calling, taken shopping, to church or Sunday school, on motor trip, to movies, to doctor or dentist, delayed or irregular meal hour, new toy, new playmate, new food, other unusual circumstances (describe)_____

Physical condition (underline): Normal, slight cold, heavy cold, digestive disturbances, other sicknesses (describe)_____

Bowel movements at _____ Normal amount?____ Consistency?_____

Notes:_____

List below any instance of anger, rage, or marked irritation displayed by child during the day. Use a separate sheet for each instance. Merely date the top of extra sheets. Refer to instruction booklet if there are doubts about how to fill out a section.

| Time | Immediate Cause of Provocation | Behavior: Underline appropriate terms. Indicate order of events by numbering in parentheses. | Methods of control: Write either the name or number of method or methods used in the tried. Describe any methods that are not listed. |
|---|---|---|---|
| Hour_____<br><br>Place: Indoors or outdoors?<br>Home or_____<br><br>Duration of outburst<br>_____<br><br>Duration of after effects, if any<br>_____<br>_____<br>none ( )<br>Recorded by:<br>_____ | What was the child doing at the time?<br>_____<br>_____<br>_____<br><br>What difficulty arose?<br>_____<br>_____<br>_____<br>_____<br>_____ | TYPE: Undirected energy ( ), Resistance ( ), retaliation ( )<br><br>Directed toward:____<br>_____<br><br>Motor: Kick, stamp, jump, strike, throw, self on floor, hold breath<br><br>Vocal: Scream, refuse, threaten, call names, cry<br><br>Behavior following outburst: cheerful, sulky, fretful, continued sobbing, resentful<br>_____ | Methods used:_____<br>_____<br>_____<br><br>By whom?<br>_____<br>Outcome of the issue: Did the child yield?<br><br>Was the issue yielded?<br><br>A compromise? If so, how?<br><br>Left Unsettled? |

a. from Anger in Young Children by F. Goodenough (1975)

INSTRUCTIONS FOR KEEPING DAILY RECORDS ON ANGER OUTBURSTS*

GENERAL INFORMATION

1. Be sure that the child's name and the date appears on EACH sheet.

2. Use a separate sheet for each anger outburst. Completely fill out the top part of the first sheet used each day AT THE END OF THE DAY. Put the child's name and the date on additional sheets used that day.

3. Once you use a sheet, put it at the BACK of the stack. This will keep all pages in order by day and time of day. If more than one outburst occurs in a day, you may wish to number the pages to make sure they stay in order.

4. Bring all completed sheets when you bring your child to therapy each week, and ask for additional blank sheets if necessary.

HOW TO FILL OUT THE TOP

1. Always put the day's date on EACH sheet, even when more than one sheet is used each day.

2. "Hours not included" is a record of any periods during which the child was not under observation by the reporter. For example, if the mother is the reporter, and she leaves the child with a sitter while she goes to the store for an hour beginning at 9AM. The form would then say, "from 9AM to 10AM." You can write in "mother shopping" if you like.

The second "from___to___" space would be for another time that the child was not observed by the reporter during that day. If there were more than 2 unobserved times, draw an arrow to the right and record the times on the back of the sheet.

In some cases another caregiver will be willing to be a substitute observer. If the reporter feels that she/he can get complete information from a substitute, the child will be observed throughout the day, and this section will not be needed. PUT AN "0" OR WRITE "NONE" IN THIS SECTION IF THE CHILD WAS OBSERVED THROUGHOUT THE DAY.

Note the times a substitute observed, and the substitute's name. This can be done in the top right corner.

3. Child's name - PUT THE CHILD'S LAST NAME. You can put first and last name if you wish. Be sure to put the child's name on EACH sheet if more than one sheet is used during a day.

4. "Child in bed..." - record the time the child GOT in bed AND the time he/she fell asleep.

5. "awake..." - record the time the child awoke, AND the time she/he got up for the day.

6. "night sleep..." you can CIRCLE or underline the appropriate word - "sound" or "restless," or you can write in the word that best describes the child's night sleep the preceding night. Put an arrow to the right and describe the night on the

back of the paper if you need more room.

7. Write "yes" or "no" indicating whether or not the bed was wet. 7B. "Day nap"- time asleep to time awoke. 7C. Check if bed wet. 7D. Meals-put times that day.

8. Next is a section of possible occurrences throughout the day. At the end of the day, CIRCLE or underline any of these events which occurred, and write in any additional occurrences WHICH DO NOT USUALLY OCCUR.

9. "Physical condition..." CIRCLE or underline if the child was in normal health, or if he/she had a slight or heavy cold. "Digestive disturbances" simply means a bad tummy. Write down any other sicknesses. ALWAYS INDICATE IF THERE WAS FEVER.

10. "Bowel movements..." - note the time of day there was a bowel movement (if any) . Check if there was a normal amount.
"Consistency" asks for such terms as "normal," "hard," or "runny."

11. "Notes" in this section you may wish to describe any other information about the child's day which might be helpful. Put an arrow to the right and continue on the back if you need more room.

HOW TO FILL OUT THE BOTTOM
Fill out this portion of the sheet each time there is an expression of anger by the child. USE A SEPARATE SHEET FOR EACH OUTBURST AT DIFFERENT TIMES OF THE DAY.
1. "Time"
a. "Hour" - write in the hour AND "AM" or "PM".

b. "Place" - you can CIRCLE "indoors" or "outdoors" and "home." However, if the outburst occurred away from home, WRITE IN THE LOCATION.

c. "Duration of outburst" - Most outbursts last no more than 4 minutes, but it often seems much longer when you are involved. Try to check a clock when the outburst occurs, and again when things have calmed down or been resolved in some way, and note the number of minutes included.

d. "Duration of after effects, if any" - The child may pout for some length of time, or not speak, or get very close and cling, for example. Note the type of after effects and how long they lasted.
IF THERE SEEMED TO BE NO AFTER EFFECT, SIMPLY CHECK "none."

e. "Recorded by" - the observer should put her/his initials here each day. (If a substitute observer recorded the outburst, be sure his/her initials go here).

2. "Immediate Cause of Provocation"
a. "What was the child doing at the time?" - tell in a few words exactly what the child was doing just before his anger began ("playing jacks with older sister," "trying to put on shirt," etc.)
b. "What difficulty arose?" - tell in a few words what seemed to cause the anger. ("Sister decided to quit and he didn't want to stop playing," "finally finished buttoning and discovered she had started with the wrong button," etc.)

c. Most of the time it will be fairly obvious what sets off the child's anger, but if you have no clues, simply write in "unknown."

3. "Behavior." - sometimes a child will exhibit several types of behavior during an anger outburst.

a. "Type" - just the behavior that is seen, no need to try to guess of analyze. Put the number 1. by the type of behavior the child shows first, then 2. by another if he then shows another behavior, etc. Forms of behavior appearing simultaneously should be numbered alike (1 and 1, 2 and 2, etc.). For example, if a child says "no, no!" (undirected energy), falls on the floor (resistance), and tries to kick the authority figure (retaliation), the types will be numbered 1, 2, THEN 3 - or if all of these events seem to happen at once, they would be numbered 1, 1, AND 1.

1. "Undirected energy" - means a discharge of physical energy without apparent direction or purpose, such as jumping up and down, throwing self on floor, unverbalized screaming, etc. (not trying to hurt someone or something nor try to withdraw from someone or something.)

2. "Resistance" - Pouting or sulking should be included under this heading, as well as any resistance, pulling, etc. toward an object.

3. "Retaliation" - Behavior that takes the form of an attack upon the offending person or object, such as striking, kicking, or calling names.

4. "Directed toward" - this refers to the object of the retaliation - who or what the child tries to hurt with words or action. (chair, mama, etc.)

b. "Motor" - these are typical behaviors. Underline the ones which describe the child's behavior during the present outburst, and write in any others.

c. "Vocal" - these are typical noises or vocalizations. Underline the ones which describe the child's behavior during the present outburst, and write in any others.

d. "Behavior following the outburst" - these are the after effects. Draw a line under the behaviors that describe the child AFTER the present outburst, and write in any others.

4. "Methods of Control" - below is a list of typical methods of control. Write the names or NUMBERS of the methods used or tried, or write in other methods you used.

a. methods:

1. scolding
2. reasoning
3. threatening
4. frightening
5. coaxing
6. bribery
7. praise
8. soothing
9. ridicule
10. appeal to the emotions ("make mama feel badly," etc.)
11. diversion of the child's attention (try to interest in something else)
12. removal of the source of trouble
13. appeal to self-esteem ("be a big boy and..."
14. appeal to humor ("you look like a clown at the circus")
15. spanking or slapping
16. other ways of hurting child's body
17. deprive of privileges
18. put in a chair for a few minutes
19. put to bed
20. deprive of food
21. isolate in a separate room
22. ignore
23. social approval or disapproval

b. "By whom?" write in who did the method(s) of control.

c. "Outcome of the issue" - this section is concerned with if and how the anger outburst got resolved.

1. "did the child yield?" - "Yield" might be forced or voluntary. So the answer is "yes - willingly" if the child complied without being forced, and "yes - had to" if he/she had no choice.

2. "Was the issue yielded?" - this asks if either the adult saw the child's point or let the child have his way, and the ADULT yielded. If the answer above was "no," then this might be "yes."

3. "A compromise?" - did the adult and the child both feel successful after the outburst? "If so, how" - If the child did not yield, the adult did not yield, either there was a compromise or the issue was left unsettled. If there was a compromise, briefly describe how the compromise worked ("I let him stay up 1/2 hr, and he brushed his teeth during commercials" or "We picked them up together," etc.)

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4. CIRCLE "Left unsettled" if the issue continued to "hang" without a resolution.

*Portions from Anger in Young Children by F. Goodenough, 1975. Westport, CT Greenwood Press. Reprint permission applied for.

# APPENDIX E

# SCRIPT OF AUDIO VIGNETTES

Story 1.
Not Being Understood

PARENT: "DO YOU WANT THE THREE-PIGS ONE OR THE FLAG ONE?"

CHILD: "I WANT THE ONE WITH LINES ON IT."

PARENT: "I DON"T KNOW WHAT YOU MEAN."

CHILD: "LINES, YOU KNOW, THOSE LINES! I WISH YOU WOULD UNDERSTAND!"

Story 1. Continued

CHILD: "LINES, YOU KNOW, THOSE LINES! I WISH YOU WOULD UNDERSTAND!"

PARENT: "IT MAKES YOU MAD WHEN I CAN'T UNDERSTAND WHAT YOU'RE TRYING TO SAY. POINT TO THE ONE YOU WANT."

Story 2.
Need for Attention

PARENT: (TO A FRIEND) "IT'S BEEN A LONG TIME SINCE I'VE SEEN YOU..."

CHILD: (CLINGS TO PARENT, THEN BEGINS TO PICK AT A SORE ON HIS LEG UNTIL IT BEGINS TO BLEED.)

Story 2. Continued

CHILD: (CLINGS TO PARENT , THEN BEGINS TO PICK AT A SORE ON HIS LEG UNTIL IT BEGINS TO BLEED.)

PARENT: (TO CHILD) "OH, I'VE BEEN TALKING TOO LONG AND YOU'RE FEELING NEGLECTED. I DON'T WANT YOU TO HURT YOURSELF." (HUGS CHILD CLOSE.)

Story 3.
Didn't Finish the First Time

PARENT: "GO BACK AND WASH YOUR FACE AGAIN, YOU DIDN'T GET IT CLEAN."

CHILD: "I DON'T WANT TO GO BACK. YOU'RE ALWAYS MEAN, MAKING ME DO THINGS I DON'T WANT TO DO."

Story 3. Continued

CHILD: "I DON'T WANT TO GO BACK. YOU'RE ALWAYS MEAN, MAKING ME DO THINGS I DON'T WANT TO DO."

PARENT: "WOW! YOU DIDN'T WANT TO HEAR ME SAY 'GO BACK.' COME ON, WE'LL GO TOGETHER."

Story 4.
The Parent Says "No."

CHILD: "CAN I GO OVER THERE NOW?"

PARENT: "NO, NOT NOW."

CHILD: "I DON'T UNDERSTAND WHY YOU WON'T LET ME, I'VE DONE MY HOMEWORK!"

Story 4. Continued

CHILD: "I DON'T UNDERSTAND WHY YOU WON'T LET ME, I'VE DONE MY HOMEWORK!"

PARENT: "OH, I DIDN'T MEAN TO MAKE YOU MAD. I THOUGHT YOU UNDERSTOOD WE ARE WAITING FOR GRANDMA, AND THEN WE ARE ALL GOING TOGETHER."

Story 5.
Eating Problem

PARENT; "YOU'RE JUST PUSHING YOUR PEAS AROUND, EAT SOME."

CHILD: "I ALREADY ATE MY PEAS!"

PARENT: "I SEE PEAS, EAT SOME."

CHILD: "NO, YOU CAN'T MAKE ME!"

Story 5. Continued

CHILD: "NO, YOU CAN'T MAKE ME!

PARENT: "SOME RULES MAKE YOU MAD. I WANT TO MAKE SURE YOU TASTE EACH FOOD ON YOUR PLATE. IT MAKES ME ANGRY WHEN YOU REFUSE TO TASTE A LITTLE."

Story 6.
Restraints

CHILD: (GRABS AT SHARP SCISSORS)

PARENT: (GRABBING CHILD'S HAND AND HOLDING IT) "NO, YOU CAN'T HAVE THESE SCISSORS, THAT IS DANGEROUS."

CHILD: "I'M SORRY, DON'T HIT ME!" (WEAKLY PULLS AWAY)

Story 6. Continued

CHILD: "I'M SORRY, DON'T HIT ME!" (WEAKLY PULLS AWAY)

PARENT: "YOU DON"T LIKE IT WHEN I HOLD YOU. I HAD TO HOLD YOU TO KEEP YOU SAFE. HERE ARE YOUR SCISSORS, YOU CAN'T HAVE SHARP ONES."

Story 7.
An Act Known To Be Forbidden

PARENT: "STOP. YOU KNOW THAT IS A 'NO,' YOU ARE NOT ALLOWED TO DO THAT."

CHILD: "I WAS GOING TO BE CAREFUL! I WISH YOU WOULD TRUST ME."

Story 7. Continued

CHILD: "I WAS GOING TO BE CAREFUL! I WISH YOU WOULD TRUST ME."

PARENT: "I KNOW YOU WANT TO DO IT, BUT IT IS STILL 'NO.' IF I HAD A MAGIC WAND, I WOULD MAKE THAT SOMETHING CHILDREN CAN DO SAFELY."

Story 8.
Suffering The Consequences

CHILD: (KNOWS PARENT IS WATCHING AND DELIBERATELY TRIES TO DO SOMETHING WHICH IS FORBIDDEN, BUT NOT DANGEROUS TO THE CHILD - AND GETS IN TROUBLE) "I GOT IN TROUBLE AND IT'S ALL YOUR FAULT."

Story 8. Continued

CHILD: (KNOWS PARENT IS WATCHING AND DELIBERATELY TRIES TO DO SOMETHING WHICH IS FORBIDDEN, BUT NOT DANGEROUS TO THE CHILD - AND GETS IN TROUBLE) "I GOT IN TROUBLE AND IT'S ALL YOUR FAULT."

PARENT: "YOU'RE MAD AT ME FOR NOT CONTROLLING YOU. I WOULDN'T LET YOU HURT YOURSELF, BUT IT IS YOUR RESPONSIBILITY NOT TO DO THINGS YOU KNOW YOU SHOULD NOT DO."

Story 9.
Trying To Be Independent

CHILD: (TRYING TO GET BUTTON IN BUTTONHOLE, CAN'T SUCCEED AND RIPS BUTTON OFF THE SHIRT) "THIS STUPID BUTTON WON'T GO IN THIS HOLE!"

Story 9. Continued

CHILD: (TRYING TO GET BUTTON IN BUTTONHOLE, CAN'T SUCCEED AND RIPS BUTTON OFF THE SHIRT) "THIS STUPID BUTTON WON'T GO IN THIS HOLE!"

PARENT: "STOP RIPPING. IT"S OKAY TO BE ANGRY, BUT I CAN NOT LET YOU DESTROY THINGS. HERE'S A SHIRT WITH BIGGER HOLES, AND I WILL HELP YOU IF YOU NEED HELP."

Story 10.
Time For Bed

PARENT: "IN TEN MINUTES IT WILL BE TIME TO GET INTO BED."

CHILD: "I NEED TO FINISH WATCHING THIS PROGRAM!"

Story 10. Continued

CHILD: "I NEED TO FINISH WATCHING THIS PROGRAM!"

PARENT: "I AGREE THAT IS A GOOD PROGRAM. I'LL LET YOU STAY UP ONE HALF HOUR LATER TO FINISH IT IF YOU WILL BRUSH YOUR TEETH AND GET READY FOR BED DURING THE COMMERCIALS."

Story 11.
Resentment Of Punishment

PARENT: "SINCE YOU BROKE HER TOY CAR, YOU MUST GIVE HER ONE OR YOURS. GET ONE NOW AND GIVE IT TO HER."

CHILD: (BEGINS CRYING SHRIEKING CRIES AS IF HELPLESS, HOPELESS, AND TOTALLY ABANDONED)

Story 11. Continued

CHILD: (BEGINS CRYING SHRIEKING CRIES AS IF HELPLESS, HOPELESS, AND TOTALLY ABANDONED)

PARENT: "I KNOW IT HURTS. COME WITH ME AND WE WILL FIND A TOY CAR FOR HER." (GUIDES THE CHILD TO PLAYROOM)

Story 12.
Wants To Be Included

CHILDREN PUSH AND RIDE A MERRY-GO-ROUND, AND A CHILD WANTS TO GET ON

CHILD: (HITS THE PUSHER) "LET ME GET ON, YOU CREEP!"

Story 12. Continued

CHILD: (HITS THE PUSHER) "LET ME GET ON, YOU CREEP."

PARENT: (HOLDING CHILD) "YOU ARE ANGRY I KNOW, BUT IT HURTS PEOPLE WHEN YOU HIT THEM AND CALL THEM HURTFUL THINGS. YOU WANT THEM TO STOP, SO YOU NEED TO TELL THEM, 'PLEASE STOP'."

Story 13.
Parent Impatience

PARENT: "IT TAKES YOU SO LONG TO PUT ON YOUR SHOES, PLEASE HURRY!"

CHILD: "I HATE IT WHEN YOU RUSH ME WHEN I AM TRYING TO DO MY BEST!"

Story 13. Continued

CHILD: "I HATE IT WHEN YOU RUSH ME WHEN I AM TRYING MY BEST!"

PARENT: "I KNOW I MADE YOU MAD. WE NEED TO GET STARTED EARLIER TOMORROW SO WE WILL HAVE PLENTY OF TIME FOR YOU TO DO THINGS BY YOURSELF."

Story 14.
Hungry Again

THE PARENT IS COOKING DINNER AND EVERYONE WILL EAT IN ONE HOUR. SNACKS HAVE BEEN AVAILABLE AFTER SCHOOL.

CHILD: "I'M HUNGRY" (OPENS REFRIGERATOR)

PARENT: "CLOSE IT. YOU CAN EAT SOON, BUT NOT NOW."

CHILD: "I'M HUNGRY. I NEED TO EAT."

Story 14. Continued

CHILD: "I'M HUNGRY. I NEED TO EAT."

PARENT: "CLOSE IT. I KNOW BEING HUNGRY HURTS, BUT IT WON"T BE LONG. I NEED THE KITCHEN RIGHT NOW."

Story 15.
Being Hend Back

PARENT: "WAIT, WAIT, IT'S NOT YOUR TURN YET." (HOLDS THE CHILD BACK)

CHILD: (KICKS, HITS, TRIES TO BITE) "LET GO OF ME, YOU OLD WITCH!"

Story 15. Continued

CHILD: (KICKS, HITS, TRIES TO BITE) "LET GO OF ME, YOU OLD WITCH!"

PARENT: "STOP! I CAN NOT LET YOU HURT ME." (CONTINUES TO HOLE CHILD FROM BEHIND, NOT ALLOWING CHILD TO HURT) "I WILL HOLD YOU UNTIL YOU GET SELF-CONTROL." (HOLDS CHILD ABOUT 1 MINUTE UNTIL THE CHILD'S MUSCLES RELAX.)

Story 16.
Stop Play To Use Toilet

PARENT: I KNOW YOU ARE IN THE MIDDLE OF PLAYING, BUT YOU ARE HOLDING YOURSELF. PLEASE STOP NOW AND GO TO THE BATHROOM."

CHILD: (STANDS UP AND BEGINS CRYING AS IF UNABLE TO MOVE.)

CHILD: (STANDS UP AND BEGINS CRYING AS IF UNABLE TO MOVE.)

PARENT: "IT'S HARD TO STOP, I KNOW. GO FAST! THEN HURRY BACK TO FUN."

Story 17.
Wants To Go With Others

PARENT: (GOING OUT THE DOOR) "I KNOW YOU WANT TO GO WITH ME, BUT I CAN'T TAKE YOU NOW. NANA WILL TAKE CARE OF YOU UNTIL I GET BACK."

CHILD: "I HATE YOU! DON'T EVER COME BACK!"

Story 17. Continued

CHILD: "I HATE YOU! DON'T EVER COME BACK!"

PARENT: "I KNOW YOU ARE MAD AT ME. IF I HAD MAGIC POWERS, I WOULD WISH WE COULD ALWAYS BE TOGETHER."

Story 18.
Unwanted Assistance

PARENT: "I NEED TO HELP YOU WITH YOUR BATH TONIGHT SO I CAN MAKE SURE YOU ARE GOOD AND CLEAN."

CHILD: (THROWING WATER AT PARENT) "NO! LEAVE ME ALONE, YOU OLD SNOOP."

CHILD: (THROWING WATER AT PARENT) "NO! LEAVE ME ALONE, YOU OLD SNOOP."

PARENT: (WALKS AWAY TO THE DOOR) "YOU ARE ANGRY NOW. I WILL BE BACK IN FIVE MINUTES TO FINISH YOUR BATH."

Story 19.
Sharing Possessions

CHILD: (HAS A TOY WHICH ANOTHER CHILD GRABS, THIS CHILD BEGINS TO WHIMPER) "MAMA!" (AND GIVES UP THE TOY)

Story 19. Continued

CHILD: (HAS A TOY WHICH ANOTHER CHILD GRABS AWAY. THIS CHILD BEGINS TO WHIMPER) "MAMA!" (AND GIVES UP THE TOY.)

PARENT: "IT MAKES YOU MAD WHEN SOMEBODY WANTS THE SAME TOY YOU WANT. THAT'S A PROBLEM YOU AND THE OTHER CHILD NEED TO WORK ON TOGETHER."

Story 20.
Frightened

(SOMEONE TURNED THE LIGHTS OUT IN THE PLAYROOM WITHOUT WARNING)

CHILD: (TERRIFIED) "OH-H-H-H NO-O-O-O-!" (DISSOLVED WITH FEAR, WHIMPERS AND BEGINS TO BANG HEAD)

Story 20. Continued

CHILD: (TERRIFIED) "OH-H-H-H NO-O-O-O!" (DISSOLVED WITH FEAR, WHIMPERS AND BEGINS TO BANG HEAD)

PARENT: (TURNS LIGHT ON AND HOLDS CHILD AWAY FROM THE WALL) "WHEN YOU GET SCARED AND MAD, IT'S HARD TO TALK. I CAN'T LET YOU HURT YOURSELF."

Story 21.
Change of Routine

PARENT: "INSTEAD OF GOING STRAIGHT HOME LIKE WE ALWAYS DO, I NEED TO STOP SOMEWHERE FIRST TODAY."

CHILD: "THAT MAKES ME MAD! I'LL MISS MY PROGRAM!

Story 21. Continued

CHILD: "THAT MAKES ME MAD! I'LL MISS MY PROGRAM!"

PARENT: "IT HURTS WHEN PLANS CHANGE. IF I COULD GO STRAIGHT HOME FOR YOU I WOULD."

Story 22.
Doing Things At A Certain Time

PARENT: (MAKING SURE CHILD HEARS) "TURN OFF THE TV, IT'S TIME TO EAT."

CHILD: (CONTINUES TO WATCH TV AND IGNORES PARENT)

Story 22. Continued

CHILD: (CONTINUES TO WATCH TV AND IGNORES PARENT)

PARENT: (WAITS A FEW MINUTES, THEN) "I KNOW YOU DON"T WANT TO STOP, BUT IT'S TIME TO EAT, YOU HAVE A CHOICE - TV OR EATING. YOU NEED TO COME NOW OR YOU DON'T GET DINNER. IT'S UP TO YOU, AND NO SNACKS LATER."

Story 23.
Sharing With A Visitor

PARENT: "YOU HAVE TO SHARE SOME TOYS WITH TERRY. WE SHARE WITH OUR VISITORS."

CHILD: "SHARE, SHARE, SHARE. I DON'T WANT TO SHARE!"

Story 23. Continued

CHILD: "SHARE, SHARE, SHARE. I DON'T WANT TO SHARE!"

PARENT: "IT IS STILL HARD TO SHARE. I WILL PICK SOME TOYS FOR TERRY TO PLAY WITH, AND SOME OTHERS FOR YOU TO PLAY WITH. MAYBE SOON YOU TWO CAN PLAY TOGETHER."

Story 24.
Disagrees With Playmate

CHILD: "HAND ME THE DUMP TRUCK."

ANOTHER: "THAT'S NOT A DUMP TRUCK, IT'S A CEMENT TRUCK."

CHILD: "IT'S A DUMP TRUCK."

ANOTHER: "NO IT'S NOT, YOU DUMPY."

CHILD: (HANGS HEAD, WALKS AWAY, AND DOESN'T SEEM TO NOTICE WHEN A TOY FALLS AND LANDS CLOSE TO THE OTHER CHILD.)

CHILD: (HANGS HEAD, WALKS AWAY, AND DOESN'T SEEM TO NOTICE WHEN A TOY FALLS AND LANDS CLOSE TO THE OTHER CHILD.)

PARENT: "WHEN YOU ARE ANGRY YOU CAN SAY, 'THAT MAKES ME MAD.' I GET UPSET WHEN YOU DON'T TELL PEOPLE HOW YOU FEEL."

# APPENDIX F

## RATING SHEET FOR PROFESSIONALS

AUDIOTAPE RATING SHEET

NAME OF EXPERT_____ POSITION/TITLE_____ DATE_____

| | RATE EACH CHILD-ANGER RESPONSE AS: AGGRESSIVE (AG), ASSERTIVE (AS), OR NON-ASSERTIVE (NA). | COMMENTS: PLEASE NOTE IF YOU FEEL A STORY SHOULD BE REDONE - IF PART OF IT IS UNCLEAR OR AWKARD. NOTE IF YOU FEEL THE FINAL PARENT COMMENT IS NOT A POSITIVE/ASSERTIVE ONE. ALL COMMENTS WILL BE GREATLY APPRECIATED. |
|---|---|---|
| INTRODUCTION | | |
| Story 1 | | |
| Story 2 | | |
| Story 3 | | |
| Story 4 | | |
| Story 5 | | |
| Story 6 | | |
| Story 7 | | |
| Story 8 | | |
| Story 9 | | |
| Story 10 | | |
| Story 11 | | |
| Story 12 | | |

| | RATE EACH CHILD-ANGER RESPONSE: AG, AS, NA | COMMENTS: |
|---|---|---|
| Story 13 | | |
| Story 14 | | |
| Story 15 | | |
| Story 16 | | |
| Story 17 | | |
| Story 18 | | |
| Story 19 | | |
| Story 20 | | |
| Story 21 | | |
| Story 22 | | |
| Story 23 | | |
| Story 24 | | |

NAME OF EXPERT_____ POSITION/TITLE_____ DATE_____

# APPENDIX G

# VIDEOTAPE SCRIPT

Videotape Script

(Eight vignettes from autio tape script in which children give assertive responses.)

1. Not Being Understood

Characters: Female adult, male child.

Setting: In the kitchen. Grocery bags on the counter with two coloring books sticking out of the top of one bag.

AUTHOR: (Display "NOT BEING UNDERSTOOD" sign in front of actors) "THE NAME OF THE FIRST STORY IS "NOT BEING UNDERSTOOD" (step aside, taking sign)
MOTHER: (Taking both books out of the bag and showing them to son) "DO YOU WANT THE THREE-PIGS ONE OR THE FLAG ONE?"
SON: (Looking at the books but not pointing to either) "I WANT THE ONE WITH LINES ON IT."
MOTHER: "I DON'T KNOW WHAT YOU MEAN."
SON: (Louder voice showing frustration, shrug) "LINES, YOU KNOW, THOSE LINES! I WISH YOU WOULD UNDERSTAND!"
AUTHOR: (Display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
SON: (repeat as before) "LINES, YOU KNOW, THOSE LINES! I WISH YOU WOULD UNDERSTAND!"
MOTHER: (kindly) "IT MAKES YOU MAD WHEN I CAN'T UNDERSTAND WHAT YOU'RE TRYING TO SAY" (hold both books out for child to point to) "POINT TO THE ONE YOU WANT"
SON: (point to one of the books, mother hands it to him)
(CAMERA FADE AND OFF)

2. The Parent Says "No."

Characters: Male adult, female child.

Setting: Father sits on sofa reading newspaper. Daughter sits down beside him)

AUTHOR: (Display "THE PARENT SAYS "NO" sign in front of actors) "THE SECOND STORY IS CALLED, "THE PARENT SAYS 'NO'" (step aside, taking sign)
DAUGHTER: (as if expecting a "yes" answer) "CAN I GO OVER THERE NOW?"
FATHER: (looks benignly at girl, and resumes looking at paper, calm voice) "NO, NOT NOW"
DAUGHTER: (incredulous) "I DON'T UNDERSTAND WHY YOU WON'T LET ME, I'VE DONE MY HOMEWORK!"
AUTHOR: (Display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
DAUGHTER: (just as before) "I DON'T UNDERSTAND WHY YOU WON'T LET ME, I'VE

DONE MY HOMEWORK!"
FATHER: (puts down newspaper and looks sympathetically at child) "OH, I DIDN'T MEAN TO MAKE YOU MAD. I THOUGHT YOU UNDERSTOOD WE ARE WAITING FOR GRANDMA, AND THEN WE ARE ALL GOING TOGETHER."
DAUTHER: (relaxes shoulders, nods understanding and begins to smile acceptance)
(CAMERA FADE AND OFF)

3. An Act Known to be Forbidden

Characters: Female adult, male child.

Setting: On the floor near an electrical outlet into which is plugged an electrical saw. Child is picking up the saw.

AUTHOR: (Display "AN ACT KNOWN TO BE FORBIDDEN" sign in front of actors) "THE THIRD STORY IS ABOUT AN ACT KNOWN TO BE FORBIDDEN" (step aside, taking sign)
MOTHER: (grabs child's hand and firmly, not roughly, takes it away from the saw as she speaks) "STOP! YOU KNOW THAT IS A "NO," YOU ARE NOT ALLOWED TO DO THAT"
SON: (incredulous) "I WAS GOING TO BE CAREFUL! YOU DON'T TRUST ME!"
AUTHOR: (Display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
SON: (as before) "I WAS GOING TO BE CAREFUL! YOU DON'T TRUST ME!"
MOTHER: (calm, firm voice) "I KNOW YOU WANT TO DO IT, BUT IT IS STILL "NO." IF I HAD A MAGIC WAND, I WOULD MAKE THAT SOMETHING CHILDREN CAN DO SAFELY."
(CAMERA FADE AND OFF)

4. Time For Bed

Characters: Male adult, male child.

Setting: Father sitting in recliner chair and son lying on the sofa as if both are watching television.

AUTHOR: (Display "TIME FOR BED" sign in front of actors) "THE FOURTH STORY IS CALLED "TIME FOR BED" (step aside, taking sign)
FATHER: "IN TEN MINUTES IT WILL BE TIME TO GET TO BED."
SON: (firm, determined) "I NEED TO FINISH WATCHING THIS PROGRAM!"
AUTHOR: (display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
SON: (as before) "I NEED TO FINISH WATCHING THIS PROGRAM!"
FATHER: (nodding understanding) "I AGREE THIS IS A GOOD PROGRAM. I'LL LET YOU STAY UP ONE HALF HOUR LATER TO FINISH IT IF YOU WILL BRUSH YOUR TEETH AND GET READY FOR BED DURING THE COMMERCIALS."
(CAMERA FADE AND OFF)

## 5. Parent Impatience

Characters: female adult, female child.

Setting: child sitting on a stool near window putting on her shoes, adult standing with hands on hips as if impatient.

AUTHOR: (Display "PARENT IMPATIENCE" sign in front of actors) "THE FIFTH STORY IS CALLED "PARENT IMPATIENCE" (stand aside, taking sign)
MOTHER: (impatiently) "IT TAKES YOU SO LONG TO PUT ON YOUR SHOES, PLEASE HURRY!
DAUGHTER: (frustrated, continuing to struggle with putting on shoes) "I HATE IT WHEN YOU RUSH ME WHEN I AM TRYING MY BEST!"
AUTHOR: (display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
DAUGHTER: (as before) "I HATE IT WHEN YOU RUSH ME WHEN I AM TRYING MY BEST!"
MOTHER: (understanding, stoops to help buckle shoes) "I KNOW I MADE YOU MAD. WE NEED TO GET STARTED EARLIER TOMORROW SO WE WILL HAVE PLENTY OF TIME FOR YOU TO DO THINGS FOR YOURSELF."
(CAMERA FADE AND OFF)

## 6. Hungry Again

Characters: Female adult, female child.

Setting: In kitchen, bowls on counter as if mother is preparing dinner. Daughter goes to the refrigerator.

AUTHOR: (Display "HUNGRY AGAIN" sign) "THE SIXTH STORY IS CALLED "HUNGRY AGAIN." MOTHER IS PREPARING DINNER, AND SNACKS WERE AVALIABLE AFTER SCHOOL" (step aside, taking sign)
DAUGHTER: (opens the refrigerator) "I'M HUNGRY"
MOTHER: (firmly) "CLOSE IT. YOU CAN EAT AT SUPPER, BUT NOT NOW" (pushes refrigerator door closed)
DAUGHTER: (determined) "I WANT TO EAT WHEN I AM HUNGRY!" (attempts to open door again)
AUTHOR: (display "STOP AND THINK" sign in front of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
DAUGHTER: (as before) "I WANT TO EAT WHEN I AM HUNGRY!"
MOTHER: (hand pushes door closed) "CLOSE IT. I KNOW BEING HUNGRY HURTS, BUT IT WON'T BE LONG UNTIL SUPPER. I NEED THE KITCHEN NOW." (goes back to preperations)
DAUGHTER: (looks at the bowls as if understanding, and goes away)
(CAMERA FADE AND OFF)

## 7. Change of Routine

Characters: Male adult, female child.

Setting: At a closed door, heading outward.

AUTHOR: (Display "CHANGE OF ROUTINE" sign in front of actors) "THE SEVENTH STORY IS ABOUT A CHANGE OF ROUTINE"
FATHER: (preparing to open the door) "INSTEAD OF GOING STRAIGHT HOME LIKE WE ALWAYS DO, I NEED TO STOP SOMEWHERE FIRST TODAY"
DAUGHTER: (hurt, incredulous, disappointed, folds arms and takes a stand) "THAT MAKES ME MAD! I'LL MISS MY PROGRAM!"
AUTHOR: (display "STOP AND THINK" sign in fornt of actors) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
DAUGHTER: (as before) "THAT MAKES ME MAD! I'LL MISS MY PROGRAM!"
FATHER: (coming back to child and touching lovingly) "IT HURTS WHEN PLANS CHANGE. IF I COULD GO STRAIGHT HOME FOR YOU, I WOULD"
DAUGHTER: (grudgingly goes with father)
(CAMERA FADE AND OFF)

## 8. Sharing With A Visitor

Characters: Male adult, male child.

Setting: Both standing in a corner of the room in front of a shelf full of toys.

ADULT: (display "SHARING WITH A VISITOR" sign in front of actors) "THE EIGHTH STORY IS CALLED 'SHARING WITH A VISITOR'" (step aside, taking sign)
FATHER: (pointing to the toys on shelf) "YOU HAVE TO SHARE SOME TOYS WITH TERRY. WE SHARE WITH OUR VISITORS."
SON: (shakes head "no") SHARE, SHARE, SHARE. I DON'T WANT TO SHARE!.
AUTHOR: (display "STOP AND THINK" sign) "STOP AND THINK" (CAMERA PAUSE ON SIGN)
(ROLL CAMERA)
SON: (as before) "SHARE, SHARE, SHARE. I DON'T WANT TO SHARE!"
FATHER: "IT'S STILL HARD FOR YOU TO SHARE. (picking up some toys) I WILL PICK SOME TOYS FOR TERRY TO PLAY WITH, AND SOME OTHERS FOR YOU TO PLAY WITH (hand some to child). MAYBE SOON YOU TWO CAN PLAY TOGETHER."
SON: (takes the toys for himself and nods agreement)
AUTHOR: (display "THE END" sign in front of characters) "THAT'S THE END OF OUR STORIES"
(CAMERA FADE AND OFF)